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Oct 6 2 34 PM '97BK 323 PG 3
W.E. DAVIS CH. CLK.

Prepared by and Return to:
N. MS Title & Escrow, LLC
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
601-895-4844

REMO TESTOLIN,

GRANTOR,
TO

WARRANTY DEED

RUSSELL M. BASINGER,

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **REMO TESTOLIN**, do hereby sell, convey and warrant unto **RUSSELL M. BASINGER**, the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

Lot 472, Section C, EASTOVER SUBDIVISION, situated in Section 29, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 12, at Pages 39-40, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, the Grantor is the surviving spouse of Isabella Testolin, who departed this life on the 28th day of February, 1989, a copy of the Certificate of Death being attached hereto

The warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Olive Branch, DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

Taxes for the year 1997 are to be prorated, and possession is to take place on the 30th day of September, 1997.

WITNESS MY SIGNATURE, this the 30th day of September, 1997.


REMO TESTOLIN

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this **30th day of September, 1997**, within my jurisdiction, the within named **REMO TESTOLIN**, who acknowledged that he executed the above and foregoing instrument.



NOTARY PUBLIC

Grantor's Address: 7286 Kingcrest Road, Olive Branch, MS 38654
Home No. (601) 895-1641; Business No. () same

Grantee's Address: 566 Indian Cove, Cordova, TN 38018
Home No. (901) N/A; Business No. (601) 85-4844

**TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH**

MAR 24 1989

TYPE/PRINT IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Isabella Testolin				2. SEX F		3. DATE OF DEATH (Month, Day, Year) Feb. 28, 1989	
4. SOCIAL SECURITY NUMBER (of Decedent) 397-14-4585		5a. AGE - LAST BIRTHDAY (Years) 72		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Sept. 16, 1916	
7. BIRTHPLACE (City and State or Foreign Country) Walter, Wisconsin		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				9b. FACILITY NAME (If not institution, give street and number) Baptist Central Hospital			
9c. CITY, TOWN, OR LOCATION OF DEATH Memphis				9d. COUNTY OF DEATH Shelby			
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) married		11. SURVIVING SPOUSE (If wife, give maiden name) Remo R. Testolin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		12b. KIND OF BUSINESS/INDUSTRY Homemaker	
13a. RESIDENCE—STATE Miss.		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Olive Branch		13d. STREET AND NUMBER OR RURAL LOCATION 7286 King Crest Road	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5		17. FATHER'S NAME (First, Middle, Last) Joseph Fontana		18. MOTHER'S NAME (First, Middle, Maiden Surname) Teresa Santin			
19a. INFORMANT'S NAME (Type/Print) Mr. Remo R. Testolin		19b. RELATIONSHIP TO DECEASED husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7286 King Crest Rd. Olive Branch, Ms. 3865			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Blocker Cemetery		20c. LOCATION—City or Town, State Olive Branch, Ms. 38654		21a. SIGNATURE OF FUNERAL DIRECTOR FD394	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD394		21c. SIGNATURE OF EMBALMER FS387		21d. LICENSE NUMBER OF EMBALMER FS387		22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home 6875 Cockrum Olive Branch, Ms. 38654	
22b. LICENSE NUMBER OF FUNERAL HOME FE117		23. REGISTRAR'S SIGNATURE FE117		24. DATE FILED (Month, Day, Year) 3/2/89			
25a. PHYSICIAN -- To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN MD 007751		25b. LICENSE NUMBER MD 007751		25c. DATE SIGNED (Month, Day, Year) 3/2/89			
26a. MEDICAL EXAMINER -- On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiovascular Collapse DUE TO (OR AS A CONSEQUENCE OF): b. Acute Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

BK 0323 PG 0005

NAME OF DECEDENT: For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH